



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

October 18, 2001



Commissioner of Patents and Trader	
Washington, District of Columbia 20	Docket No.: CTX-005
Sir:	
Please file the following patent appli status.	cation papers. This inventors claim eligibility for small entity
Inventor(s) and Residence(s):	Csaba Truckai; Saratoga, CA
	John H. Shadduck; Tiburon, CA
	Bruno Strul, Portola Valley, CA
TITLE: ELECTROSURGICAL WORKS [x] Fee Transmittal Form (PTO/S	ING END FOR CONTROLLED ABLATION B/17)
[x] Drawings: No. of sheets _36	531 Formal Informal x
[x] Specification, Claims, and Abs	stract: No. of pages: <u>40</u> .
[x] Independent Inventor's Declara	ation(s)
[x] Check for \$ for	or filing fee:
[x] Return Receipt Postcard Address	essed to Applicant.
Respectfully,	
Csaba Truckai	
Correspondence Address:	Csaba Truckai 19566 Arden Court Saratoga, CA 95070

Telephone: (408) 973-8544

Express Mail Receipt # ET 156117705 VS

I hereby certify that this paper or fee is being deposited with the United States Postal Service using "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 in an envelope addressed to: "Commissioner of Patents and Trademarks, Washington, D.C. 20231", on October 18, 2001.

Washington, D.C. 20231", on <u>OCTOBER</u> 18, 2001 10 (8 0) Weller W.

Date of Signature

Signature



PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
O a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to re-

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

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TOTAL	AMOUNT	OF PAYMEN	ľ

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Cor	mplete if Known
Application Number	
Filing Date	10-18-01
First Named Inventor	CSABA TRUCKH
Examiner Name	
Group Art Unit	
Attorney Docket No.	CTX-005

METHOD OF PAYMENT FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDITIONA	AL FEES			
indicated fees and credit any overpayments to:	Large Small				
Account	Entity Fee Fee Fee	Entity Fee Fee Description	Fee Paid		
Number Deposit	Code (\$) Code		1001411		
Account Name	105 130 205	65 Surcharge - late filing fee or oath	-		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227	25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status.		130 Non-English specification			
See 37 CFR 1.27		2,520 For filing a request for ex parte reexamination			
2. Payment Enclosed: Check Credit card Money Other	112 920* 112	920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113	1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215	55 Extension for reply within first month			
Large Entity Small Entity	116 400 216	200 Extension for reply within second month			
Fee Fee Fee Fee Description	117 920 217	460 Extension for reply within third month			
104 TIO 004 (7)	118 1,440 218	720 Extension for reply within fourth month			
101 740 201 370 Utility filing fee 370	128 1,960 228	980 Extension for reply within fifth month			
107 510 207 255 Plant filing fee	119 320 219	160 Notice of Appeal			
108 740 208 370 Reissue filing fee	120 320 220	160 Filing a brief in support of an appeal			
114 160 214 80 Provisional filing fee	121 280 221	140 Request for oral hearing			
-	138 1,510 138	1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 370	140 110 240	55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from	141 1,280 241	640 Petition to revive - unintentional			
Extra Claims below Fee Paid	142 1,280 242	640 Utility issue fee (or reissue)			
Total Claims 46 -20** = 26 × 9 = 234	143 460 243				
Independent Claims X 42 = 126	144 620 244	310 Plant issue fee			
Multiple Dependent	122 130 122	130 Petitions to the Commissioner			
	123 50 123	50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126	180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581	40 Recording each patent assignment per property (times number of properties)			
102 84 202 42 Independent claims in excess of 3	146 740 246	370 Filing a submission after final rejection (37 CFR § 1.129(a))			
104 280 204 140 Multiple dependent claim, if not paid	149 740 249	370 For each additional invention to be			
109 84 209 42 ** Reissue independent claims over original patent	143 740 249	examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 740 279	370 Request for Continued Examination (RCE)			
and over original patent	169 900 169	900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 360	Other fee (specify) <u></u>			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basi	ic Filing Fee Paid SUBTOTAL (3)			

SUBMITTED BY	y Complete			Complete (if	[†] applicable)
Name (Print/Type)	CSABA TRUCKAI	Registration No. (Attorney/Agent)		Telephone	415-215-7233
Signature	ans.		ed)	Date	10-18-01

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